

<b>Case Number:</b>	CM14-0010457		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/05/1999
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 83-year-old female who has submitted a claim for chronic pain syndrome, postlaminectomy syndrome of the lumbar regions, cervicgia, cervical radiculopathy, lumbar radiculopathy, degenerative disc disease of cervical and lumbar spine, lumbar degenerative face disease, chronic depression, bilateral shoulder pain, and left rotator cuff syndrome associated with an industrial injury date of November 5, 1999. Medical records from 2013 were reviewed. The patient complained of intermittent neck, shoulder and arm pain, grade 7/10 in severity. The pain was characterized as sharp, aching, cramping, throbbing, dull, burning, stabbing, and electrical. The pain was worse with lifting, bending, stress, twisting, weather changes, cold, and walking. Physical examination showed tenderness on the cervical spine. There was also decreased cervical range of motion. The patient ambulates without a cane, transfers gingerly, and moves with steady broad-based gait. MRI of the cervical spine, dated March 28, 2012, revealed a very small central disc protrusion and no central canal or neural foraminal stenosis on C6-C7. Treatment to date has included medications, physical therapy, home exercise program, activity modification, TENS, epidural steroid injection, trigger point injections, and cervical spine discectomy and fusion at C5-C6. Utilization review, dated January 3, 2014, denied the request for cervical epidural steroid injection under fluoroscopy and monitored sedation at C6-C7 level because there is no objective documentation of radicular pain on physical exam and no diagnostic evidence of neuroforaminal stenosis or nerve root impingement at the requested injection level.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**CERVICAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY,  
MONITORED SEDATION AT C6-C7 LEVEL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has persistent neck, shoulder and arm pain. Patient had a history of epidural injection before 2008 but objective pain relief measures and evidence of functional improvement were not documented. The patient's most recent physical examination did not show evidence of radiculopathy and the MRI findings do not show nerve impingement. In addition, there was no evidence that patient was unresponsive to conservative treatment. The patient was still taking Norco which reportedly remains effective. The guideline criteria have not been met. In addition, the present request failed to specify the laterality of the procedure. Therefore, the request for Cervical Epidural Steroid Injection Under Fluoroscopy, Monitored Sedation at C6-C7 level is not medically necessary.